SOCIAL VOICES

budgIT

STRENGTHENING COMMUNITY ENGAGEMENT AND ACCOUNTABILITY FOR PRIMARY HEALTHCARE

SCEAP Assessment Report

SOCIAL VOICES

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About Social Voices

Social Voices is an innovative media and development organisation dedicated to using storytelling and civic engagement to highlight local solutions to pressing issues and advance democracy. Since emerging as a leader in Nigerian solutions journalism in 2021, we have become one of the first newsrooms supported by the Solutions Journalism Africa Initiative (SJAI). This partnership has established us as a trusted source for in-depth, solutions-focused coverage on critical topics such as gender issues, climate change, healthcare, education, and development.

We have expanded our efforts by training over 300 journalists across West Africa and producing solutions-oriented stories that address challenges in Nigeria, Malawi, Zimbabwe, and Uganda. Our mission is to amplify the voices of communities, influence effective solutions, and drive collective action through pioneering journalism and community engagement initiatives.

At Social Voices, we envision a continent where marginalized voices contribute to equitable policies, grassroots solutions flourish, and informed citizens actively participate in decision-making processes that impact their lives.

About SCEAP

The Strengthening Community Engagement and Accountability for PHC (SCEAP) Project aims to enhance primary healthcare delivery in Nigeria by empowering communities to advocate for better services, monitor healthcare delivery and financing, and support the deployment of technology infrastructure. The project focuses on improving access to and use of healthcare services while encouraging the government to fund and provide high-quality healthcare.

The SCEAP project will empower community actors to promote transparency and improvements in healthcare facilities and services through equal participation and inclusive involvement, especially for vulnerable persons and members of the target communities. This is meant to be achieved by working with the communities and other stakeholders as key drivers of change and catalysts for the project objectives.

Executive Summary

The SCEAP Storytelling Initiative aims to enhance primary healthcare delivery in Nigeria by documenting the experiences and impacts of the Strengthening Community Engagement and Accountability for Primary Healthcare (SCEAP) project. Launched by BudgIT Foundation, the SCEAP project addressed the pressing barriers faced by communities in accessing quality healthcare services across five states: Kano, Kaduna, Gombe, Niger, and Yobe. The overarching goal was to empower local communities through advocacy and monitoring, fostering a more accountable and effective healthcare system.

The initiative recognised that significant challenges mar Nigeria's primary healthcare system, including limited financial access, inadequate infrastructure, and insufficient healthcare personnel. These barriers hinder effective service delivery and negatively impact community health outcomes. In response to these issues, the SCEAP project aimed to improve healthcare delivery through community-driven advocacy, service monitoring, and the introduction of technological solutions. The SCEAP Storytelling Initiative complements this mission by qualitatively assessing the project's impact on community health outcomes and documenting both successes and challenges faced by local populations.

To achieve its objectives, the initiative employs a multifaceted methodology that includes a comprehensive review of existing project documentation, context mapping of participating communities, qualitative interviews with key stakeholders, and storytelling documentation highlighting community-led initiatives. This approach aims to provide a nuanced understanding of how these initiatives have contributed to improvements in healthcare service delivery. By capturing authentic narratives from community members and leaders, the initiative seeks to showcase successful interventions while candidly addressing limitations encountered during implementation.

The findings from the SCEAP Storytelling Initiative reveal a complex landscape of healthcare delivery characterised by various challenges. Infrastructure deficits are prevalent across many communities, with primary healthcare centres often lacking basic amenities such as water and electricity. This dilapidation discourages individuals

from seeking care and contributes to low utilisation rates of available services. Additionally, staffing shortages exacerbate these issues, leading to long wait times and inadequate patient care. Despite these challenges, some communities have implemented innovative solutions such as solar-powered clinics and volunteer health workers to mitigate staffing gaps and improve access to essential services.

Community engagement emerges as a crucial factor influencing healthcare access. The initiative identifies a lack of ownership among community members regarding their healthcare facilities as a significant barrier. Many individuals perceive these facilities as government-owned rather than community resources, which diminishes their willingness to engage with available services. To combat this disconnect, successful initiatives have fostered local leadership and health education programs that encourage community participation in healthcare advocacy.

The SCEAP Storytelling Initiative anticipates several outcomes from its efforts. These include increased awareness of primary healthcare challenges within targeted communities, strengthened advocacy capacity among local populations, and the development of effective community engagement strategies informed by documented success stories. Ultimately, the initiative aims to empower communities to take ownership of their health services and drive meaningful improvements in primary healthcare delivery across Nigeria.

1. Background and Overview

1.1 Introduction

Nigeria's primary healthcare system faces significant barriers that limit effective service delivery and negatively affect community health outcomes. Key challenges include (1) limited financial access to primary healthcare, (2) insufficient infrastructure, drugs, equipment, and vaccines at the facility level, and (3) poor performance among health workers. BudgIT launched the Strengthening Community Engagement and Accountability for Primary Healthcare (SCEAP) project in response. This initiative aims to improve healthcare delivery in Nigeria through community-driven advocacy, service monitoring, financing, and the introduction of technological infrastructure.

1.2 Project Description

To capture and enhance the impact of SCEAP on community health outcomes, Social Voices, a media organisation, is now implementing the SCEAP Storytelling Initiative. This initiative will qualitatively assess and document the SCEAP project's impact across five states—Kano, Kaduna, Gombe, Niger, and Yobe—providing a comprehensive view of community experiences in accessing primary healthcare. The resulting impact report will highlight the challenges communities face, the interventions introduced through SCEAP, the subsequent health outcomes, and any limitations encountered.

The SCEAP Storytelling Initiative believes that empowered communities can drive meaningful improvements in primary healthcare service delivery. This initiative will extract valuable lessons from the SCEAP project, using its success stories to inspire community action. These insights will support mobilization efforts in three communities—Kano, Kaduna, and Lagos—encouraging residents to pursue similar strategies for addressing healthcare challenges.

1.3 Scope and Expected Outcomes

The SCEAP Storytelling Initiative seeks to qualitatively assess and document the impact of BudgIT's Strengthening Community Engagement and Accountability for Primary Healthcare (SCEAP) project across five Nigerian states—Kano, Kaduna, Gombe, Niger, and Yobe. This initiative will evaluate community-led advocacy and monitoring efforts, highlight challenges in accessing primary healthcare, document interventions and their effects on health outcomes, and identify limitations encountered during project implementation. Some expected outcomes include:

- Enhanced awareness of challenges and successes in primary healthcare delivery within the targeted communities.
- Strengthened advocacy capacity among Kano, Kaduna, and Lagos communities to promote improved healthcare services.
- Development of effective community engagement strategies informed by critical insights and lessons from documented success stories.
- A comprehensive impact report detailing the challenges, interventions, outcomes, limitations, and critical lessons from the SCEAP project.

2.0 Methodology

The SCEAP storytelling initiative employed a multifaceted methodology, combining a thorough desk review and qualitative interviews to capture and document community-led initiatives and their impacts on the project. The approach was designed to provide a comprehensive and nuanced understanding of how these initiatives contributed to healthcare improvements.

2.1 Project Document Review

A comprehensive review of project documentation, evaluations, and reports was conducted to identify and analyse successful examples of community-led initiatives. This review focused on extracting key insights, outcomes, and challenges, offering a foundational understanding of the context and the effectiveness of interventions. The analysis provided a rich backdrop against which the narratives of community-driven successes were contextualised.

2.2 Context Mapping

The local contexts of participating communities were meticulously mapped to identify key stakeholders, specific challenges, and unique opportunities. This exercise illuminated the diverse healthcare environments where the initiatives operated, shedding light on the factors that shaped community engagement and the dynamics influencing collective action.

2.3 Qualitative Interview

In-depth interviews were conducted with selected community members, leaders, and representatives of community-based organisations. These discussions delved into their collective motivations, strategies, and outcomes. The interviews provided an

authentic and textured account of community dynamics, revealing the triumphs and challenges driving healthcare improvements.

2.4 Story Telling Documentation

A solutions journalism approach was applied to craft compelling, evidence-based narratives showcasing the identified initiatives' impact. These stories highlighted the successes achieved, candidly addressed any limitations encountered and distilled critical insights. By adopting this storytelling technique, the initiative demonstrated how community-led actions effectively enhanced healthcare service delivery, offering practical examples to inspire replication and adaptation in similar contexts.

3.0 Findings and Discussions

3.1 Community Primary Healthcare

In many communities, the delivery of primary healthcare services is plagued by challenges that undermine the quality and accessibility of care. These issues, while deeply entrenched, also present an opportunity for innovative, community-led solutions that can inspire replication and adaptation in other areas facing similar struggles.

3.1.1 Healthcare Challenges

One of the most prominent challenges across the board is the dilapidated state of healthcare infrastructure. "Dilapidated unfit PHC infrastructure – lacking basic amenities like water, electricity, good toilet facilities," says Clement Nwachukwu (KII- Limawa A- Niger State), highlighting the inadequate physical conditions of primary healthcare centres (PHCs). These deficiencies often make it difficult to provide reliable care and discourage community members from seeking medical help.

Mathew Oladele (KII - Bosso - Niger) also points to this issue, noting the "lack of stable power supply, lack of functional water supply, and dilapidated structures." Such infrastructure challenges affect the comfort and hygiene of health facilities and impede the delivery of essential services. However, some communities have addressed these gaps by introducing solar-powered clinics and water harvesting initiatives, offering a sustainable and cost-effective model for communities with

unreliable public utilities. These models have ensured a steady power and water supply and restored community trust in local health services.

Another recurring problem is the shortage of healthcare workers. "We face a shortage of healthcare professionals, including doctors, nurses, and community health workers," says Abubakar Muhammad Yarima (KII - Gombe Abba - Gombe). This shortage results in long wait times, overworked staff, and limited patient care. Often, clinics are forced to close earlier than expected due to insufficient health workers. Esther Bassey George (KII - Lapan - Gombe) adds, "Few permanent staff, poor financial support to pay volunteers" exacerbates the problem, leaving communities without sufficient personnel to operate PHCs effectively.

Despite these challenges, some communities have turned to volunteer health workers and remote healthcare solutions to fill the staffing gap. This initiative has helped ease the burden on existing healthcare staff and provided a model for other regions to explore as a temporary solution until more professionals are trained or hired. A critical issue identified by several key informants is the lack of community engagement. As Clement Nwachukwu (KII-Limawa A- Niger State) states, "MCH was abandoned by community people and women who benefit from it," reflecting a disconnect between healthcare services and the community's needs or priorities. This detachment has led to low utilisation rates of available healthcare services.

A solution to this problem lies in community ownership of healthcare initiatives. Ayorinde Samuel Lemah (KII - Kaduna South - All communities - Kaduna) points out "Community ownership" as a vital factor for success. Communities where local leaders promote healthcare services, tend to see greater participation and sustained interest in using PHCs. In some regions, community health education programs led by local champions or traditional leaders have significantly improved health outcomes by shifting cultural perceptions and encouraging people to embrace modern healthcare services.

Despite the best efforts of community leaders and healthcare workers, financial constraints remain a significant obstacle. Benjamin Yunana Maigari (KII - Basawa - Kaduna) mentions "out-of-pocket expenses, poverty, lack of awareness, and cultural norms," pointing to many individuals' economic burdens when accessing healthcare. Moreover, as Ayorinde Samuel Lemah (KII - Kaduna South - All communities -

Kaduna) explains, "Lack of drugs" and insufficient financial support for volunteers further stymie the efforts to provide quality care.

To combat these barriers, some communities have explored fundraising initiatives or partnerships with NGOs to provide essential medicines and financial support. These partnerships have often proven to be a lifeline for struggling healthcare centres, allowing them to meet basic needs and continue providing services.

3.1.2 How do these challenges affect access to healthcare services?

Access to healthcare is an essential aspect of public health. Yet, in many communities, it is often compromised by challenges that hinder the effectiveness of primary healthcare services. These barriers range from infrastructure issues to inadequate staffing and poor community engagement, significantly affecting how people perceive and utilise healthcare services.

One key factor influencing healthcare access is the lack of community ownership and accountability. Benjamin Yunana Maigari (KII - Basawa - Kaduna) points out, "People don't like accessing services not because it's not there, but because they don't understand the facility belongs to them. They feel it's for the government." This disconnection often leads to low participation rates, as people may not see the facilities as their responsibility. This issue is further exacerbated by the absence of accountability among service providers, which diminishes trust in the healthcare system. When communities feel detached from their healthcare facilities, they may neglect them, contributing to underutilisation and a lack of community-driven improvements.

A common theme across many of the responses is the poor condition of healthcare infrastructure, which directly affects access to services. Clement Nwachukwu ((KII- Limawa A- Niger State) highlights, "The facility, which was the hope of the common man, was abandoned by all, including those it was supposed to serve." This abandonment often forces individuals to seek alternative sources of care, such as quacks, herbalists, and patent medicine vendors. As a result, many lives are lost to preventable conditions. The combination of dilapidated structures and lack of community involvement leads to a diminished quality of care and, ultimately, a failure to meet the population's healthcare needs.

Mathew Oladele (KII - Bosso - Niger) adds, "The poor status of basic amenities at the facilities negatively affects access to healthcare services in the area of WASH (Water, Sanitation, and Hygiene)." He notes that health seekers are unlikely to visit a facility that is considered dirty, especially pregnant women who require clean, safe environments for delivery. The lack of a stable power supply further complicates this, as people are deterred from seeking healthcare during nighttime or when essential services cannot be performed.

The inadequate staffing levels and lack of necessary medical supplies also contribute to significant barriers to healthcare access. Esther Bassey George (KII - Lapan - Gombe) reports that due to the lack of staff, patients experience longer waiting times, and treatment often remains incomplete due to a shortage of lab equipment. This issue is felt particularly by vulnerable populations, including older people and those with chronic conditions, as Abubakar Muhammad Yarima (KII - Gombe Abba - Gombe) notes. These delays and interruptions in care can exacerbate existing health problems, leading to poorer health outcomes.

Similarly, Jibrin Dahiru (KII - Ngelzarma - Yobe) emphasises that these factors create barriers to healthcare services, especially for vulnerable populations in underserved areas. Without prompt access to care, these individuals are at a heightened risk of health complications.

Baliqis Bala (KII - Tsakuwa- Kano) describes the prolonged wait times and delayed services as a significant deterrent to seeking care. "Patients are deterred from visiting PHCs out of fear of health complications," she says. When individuals anticipate long waits or incomplete services, they are less likely to visit PHCs, resulting in low turnout and underutilisation of facilities. This cycle of inaccessibility and fear of poor-quality care drives patients toward alternative and potentially harmful healthcare options.

3.1.3 What factors contribute to these challenges?

One of the most significant barriers is the lack of financial access to healthcare services. Benjamin Yunana Maigari (KII - Basawa - Kaduna) identifies financial access as a key contributor to the challenges faced by healthcare facilities. High out-of-pocket costs deter many individuals from seeking necessary treatment, while insufficient funding for the health system leaves facilities ill-equipped to meet the community's needs. Baliqis Bala (KII - Tsakuwa- Kano) echoes this concern, noting that "financial constraints, inadequate funding, and out-of-pocket costs" are major

contributors to the poor performance of healthcare facilities. Limited resources hinder essential services, including medicines, equipment, and basic utilities like water and electricity.

This financial strain also affects the infrastructure of health facilities. Clement Nwachukwu (KII-Limawa A- Niger State) highlights that "non-availability of certain equipment and facilities—beds, good wards, labour rooms, genuine drugs—affects the ability of healthcare providers to offer comprehensive care." With a lack of proper facilities and laboratories, healthcare workers cannot deliver high-quality services, further eroding the community's trust in the system.

Another major factor contributing to these challenges is the shortage of skilled healthcare workers. Several respondents, including Jibrin Dahiru (KII - Ngelzarma - Yobe) and Abubakar Muhammad Yarima (KII - Gombe Abba - Gombe), point out that insufficient staffing and the absence of essential medical professionals like doctors, nurses, and midwives exacerbate the situation. Jibrin Dahiru (KII - Ngelzarma - Yobe) notes that limited financial resources make recruiting and retaining health workers challenging. In contrast, poor working conditions such as long hours, high patient loads, and limited resources contribute to low morale and job dissatisfaction among staff.

Esther Bassey George (KII - Lapan - Gombe) highlights the lack of permanent staff at healthcare facilities, which leads to inconsistent service delivery. Without a stable, skilled workforce, healthcare systems cannot meet the demands of growing populations, further compromising access to care. The attrition of health workers due to poor working conditions is another significant issue, as pointed out by Ayodele Samuel Lemah.

Mathew Oladele (KII - Bosso - Niger) underscores the issue of poor government attention, describing how neglect from policymakers exacerbates the challenges faced by healthcare facilities. Without strong leadership and adequate policy support, the health sector remains underfunded, poorly managed, and unable to respond effectively to the community's needs.

The lack of community engagement and government intervention is also an issue. Ayodele Samuel Lemah notes that communities were not carried along in the decision-making process, which leads to misalignment between the needs of the

population and the services provided. When communities feel disconnected from their health facilities, it reduces the likelihood of active participation and demand-driven improvements.

In addition to financial and workforce issues, socio-cultural factors also play a significant role in limiting access to healthcare. Baliqis Bala (KII - Tsakuwa- Kano) points out that misconceptions about formal healthcare and gender inequities hinder many people from seeking care. In some communities, traditional beliefs and practices precede formal healthcare, leading to a preference for herbal remedies or untrained practitioners. Gender norms may also prevent women from accessing healthcare, especially in rural areas where cultural expectations can limit their mobility and access to health services.

3.2 SCEAP Project Insights

3.2.1 What specific interventions have the SCEAP project introduced in your community?

The SCEAP (Strengthening Community Engagement and Accountability in Primary Healthcare) project has introduced various interventions to improve healthcare services through active community participation, capacity building, and effective monitoring. These interventions have been tailored to address local healthcare challenges and have fostered greater ownership, accountability, and collaboration among community members and healthcare providers.

A core component of the SCEAP initiative has been its focus on community involvement in healthcare decision-making and accountability. Benjamin Yunana Maigari (KII - Basawa - Kaduna) emphasised the importance of regular town hall meetings to promote community engagement and accountability. These meetings provided a platform for direct communication between community members and health officials, fostering a shared understanding of healthcare needs and solutions.

Nwachukwu Clement ((KII-Limawa A- Niger State) highlighted the introduction of Health Champions as an effective means to mobilise communities and collaborate with Primary Health Care (PHC) staff: "We selected community champions who were trained in health sensitisation and mobilisation, using tools like the PHC Tracka to gather information on healthcare services and feedback from patients." This initiative

was designed to ensure that healthcare services were responsive to the community's needs.

Similarly, the activation of Ward Development Committees (WDCs) was a strategic move to create local leadership structures that could guide healthcare activities and drive improvement efforts. Nwachukwu further stated: "WDCs, though a political creation, were adopted to support activities and development at the PHCs. Even without monetary incentives, they help sensitise and advocate for better healthcare services." Infrastructure improvement has been a significant intervention focus within the SCEAP framework. Jibrin Dahiru (KII - Ngelzarma - Yobe) described the construction of a borehole and reservoir in Ngelzarma PHC, ensuring patients and staff have access to clean water. He also mentioned the provision of land for Mamudo PHC, which allowed for further infrastructure development in collaboration with local authorities.

The project extended its impact in Baliqis Bala's (KII - Tsakuwa- Kano) region by advocating for infrastructure improvements to PHCs. "We worked with local authorities to push for better funding and infrastructure upgrades. Our patient satisfaction surveys showed clear gaps in infrastructure, and the project helped amplify community voices in advocating for these needs," she explained. The project's approach also included capacity building for PHC staff, with training focusing on patient-centred care, effective communication, and accountability practices.

Effective monitoring and the use of technology were central to the success of SCEAP in improving health services. Mathew Oladele (KII - Bosso - Niger) highlighted the role of technology in facilitating feedback on PHC services: "We used tools like the PHC Tracka, alongside town hall meetings and media advocacies, to track service delivery and gather feedback. This helped us identify challenges and successes in real-time." This technological approach allowed community members to voice their concerns and suggestions, fostering transparency and accountability.

Baliqis Bala (KII - Tsakuwa- Kano) also highlighted the importance of structured feedback mechanisms, such as suggestion boxes at PHCs and the PHC Accountability Tracka (PAT), which allowed citizens to report their experiences with healthcare services. These channels ensured that concerns were documented and addressed

promptly, providing communities with a direct way to influence the quality of services they received.

The SCEAP project strongly emphasised advocacy within the community and with local authorities. Esther Bassey George (KII - Lapan - Gombe) noted that the project strengthened the relationship between community members and healthcare workers through joint advocacy efforts: "We conducted capacity-building workshops on advocacy, which empowered community members to engage with health workers and local authorities more effectively. This fostered better communication and trust between all parties."

Mathew Oladele (KII - Bosso - Niger) also emphasised the importance of advocacy to local government officials: "We engaged local government authorities and elected officials through regular meetings and focus group discussions to ensure they prioritised healthcare services and infrastructure." This advocacy has been pivotal in securing support for healthcare reforms and ensuring that the voices of community members are heard at higher levels of governance.

A significant outcome of SCEAP has been the sense of community ownership over local healthcare services. Abubakar Muhammad Yarima (KII - Gombe Abba - Gombe) described how the community took an active role in the decision-making processes regarding healthcare improvements: "Community members worked closely with healthcare providers to identify gaps in services and develop strategies to address them. We have become advocates for our health facilities."

Ayorinde Samuel Lemah (KII - Kaduna South - All communities - Kaduna) further highlighted the empowerment that came with the Tracka system, which allowed the community to provide direct feedback about the services offered at their local PHCs: "The Tracka system gave the community a platform to speak their minds about the services provided. It helped address problems quickly and empowered us to demand better services."

3.2.2 How did your community become involved in the SCEAP project?

The SCEAP project has catalysed transformative change in various communities, particularly in primary healthcare. The initiative fostered collaborative efforts across regions, bringing together diverse stakeholders to address pressing healthcare challenges. Unique pathways shaped each community's involvement, yet all

contributed to the project's success in creating tangible improvements in local health systems.

In the Kaduna North Senatorial Zone, the community's involvement was facilitated through a strategic partnership. Benjamin Yunana Maigari (KII - Basawa - Kaduna), who represented the region, shared, "We are sub-grantees for the project implementation in Kaduna North Senatorial zone." This partnership empowered the community to engage directly with the project, aligning their local healthcare needs with the broader goals of the SCEAP initiative.

For the community in Nwachukwu's region, the SCEAP project sparked a dramatic shift in their relationship with the Primary Healthcare (PHC) facility. Nwachukwu explained, "Through the intervention of SCEAP, the community was reconciled with the PHC operator." This reconciliation was just the beginning. The project sparked multiple initiatives, including community mobilisation for treatment uptake, support for health outreaches and immunisation campaigns, and even contributions to security through local vigilante groups. "We also supported the facility by providing basic amenities like repainting, solar lights, digging wells, and repairing boreholes," he added. A particularly heartening aspect of their engagement was the mobilisation of women to regularly clean the PHC and assist staff with minor tasks, ensuring a more welcoming and efficient healthcare environment.

For Esther Bassey George (KII - Lapan - Gombe), the involvement began with a thorough baseline assessment that identified key healthcare gaps in the community. "It was after a baseline assessment that the SCEAP project started three months later," she shared. This assessment laid the groundwork for a series of targeted interventions, ensuring the project's implementation was responsive to the community's healthcare needs.

Collaboration was at the heart of the project's success, as Jibrin Dahiru (KII - Ngelzarma - Yobe) noted: "Through a series of collaborative efforts involving various stakeholders, including community members, healthcare providers, and local government officials, we were able to tackle healthcare challenges effectively." This collaboration ensured that the efforts were aligned with local needs, promoting ownership and accountability within the community.

In Mathew Oladele's community, the BudgIT Foundation was pivotal in bringing the community on board. "The BudgIT foundation engaged us through a competitive selection process," he shared. This process enabled them to be part of the SCEAP project and gave them a platform to address long-standing healthcare challenges.

Similarly, Abubakar Muhammad Yarima (KII - Gombe Abba - Gombe) emphasised the importance of community ownership, saying that residents became actively involved by "taking ownership of healthcare improvement initiatives and working hand in hand with FOMWAN to address healthcare needs." This collaboration fostered a sense of responsibility and a proactive approach to improving healthcare services.

The community-driven nature of the project was further exemplified by Ayodele Samuel Lemah, who explained, "Through communication, town hall meetings, and advocacy to community leaders and health facility staff, the community became increasingly involved." Regular consultations and client exit interviews ensured that community concerns were heard and addressed, further strengthening the link between the project and the people it aimed to serve.

In Baliqis Bala's (KII - Tsakuwa- Kano) community, involvement in the SCEAP project was initiated by a crucial recommendation from the Executive Secretary of the Kano State Primary Healthcare Management Board. She recalled, "Our community became involved in the SCEAP project through the recommendation of the Executive Secretary, recognising the urgent need to address gaps in service delivery and accountability." This endorsement highlighted the strategic importance of the project in improving healthcare services and boosting accountability within PHC facilities.

In conclusion, the SCEAP project has successfully brought together communities from diverse regions, empowering them to take an active role in improving their local healthcare systems. Through community mobilisation, collaboration, and ownership, the project has set the stage for sustainable improvements in primary healthcare service delivery, fostering better health outcomes for all.

3.2.3 What motivated this involvement?

The respondents described various factors that motivated their engagement, reflecting a deep concern for primary healthcare.

Benjamin Yunana Maigari (KII - Basawa - Kaduna) expressed a passion for improving healthcare delivery, underscoring the importance of ensuring better health outcomes for the community. Similarly, Jibrin Dahiru (KII - Ngelzarma - Yobe) spoke of the desire to help the community and improve the healthcare system to meet the needs of vulnerable populations. For Mathew Oladele (KII - Bosso - Niger), the motivation came from a deep-seated passion for change, particularly within community health centres and PHCs that had long been neglected.

As pointed out by Nwachukwu Clement (KII-Limawa A- Niger State), one of the strongest motivators for engagement was the spirit of ownership fostered by the SCEAP project. Through advocacy and sensitisation, the project helped community stakeholders recognise the importance of supporting their local PHC facility. These efforts included dialogue meetings with community leaders, women groups, youth, and the Ward Development Committee (WDC) activation. By empowering youth as health champions and placing women at the forefront of healthcare activities, the project sought to create a sense of community ownership. This sense of responsibility was crucial in ensuring the sustainability of the improvements initiated by the project.

Baliqis Bala (KII - Tsakuwa- Kano) pointed out that the involvement was also motivated by the need to address critical healthcare challenges, such as inadequate service delivery, poor infrastructure, and the erosion of trust in local health facilities. Through the SCEAP project, communities were allowed to participate actively in decision-making processes and strengthen accountability in healthcare delivery. This empowerment was key to ensuring that healthcare services were responsive to the community's needs.

The data paints a vivid picture of communities grappling with inadequate healthcare infrastructure, poor staffing, and financial barriers to accessing services. However, these challenges also sparked a collective desire for improvement, which led to active engagement with the SCEAP project. The project's success can be attributed to its ability to foster community ownership, engage stakeholders across different groups, and build a shared sense of responsibility for improving healthcare services. This collaboration has aimed to tackle immediate healthcare deficiencies and lay the groundwork for sustainable health improvements in these underserved areas. By addressing the structural issues in healthcare delivery and the socio-cultural factors that hinder service utilisation, the SCEAP project offers a model for community-driven healthcare reform.

3.2.4 Can you share any success stories from these interventions?

The SCEAP (Strengthening Community Engagement and Accountability in Primary Healthcare) initiative has successfully harnessed the power of community-driven actions to improve primary healthcare services across various regions. This transformative process is evident in the tangible outcomes highlighted by project participants, who shared their stories of progress, challenges, and successes in a comprehensive analysis of the project's impact.

One of the central achievements of SCEAP has been the improvement in community ownership and accountability in healthcare services. Benjamin Yunana Maigari (KII - Basawa - Kaduna) said introducing the PHC Tracka system was crucial: "The introduction of the PHC Tracka has improved community accountability and ownership." The tool enabled communities to track and assess healthcare services, creating a platform for active engagement and mobilisation.

Community members became more involved in monitoring healthcare services, which directly impacted their commitment and the quality of healthcare delivery. For instance, Nwachukwu Clement (KII-Limawa A- Niger State) observed that the engagement of community members in managing their local Primary Health Centres (PHCs) had significant benefits: "The community members showed increased ownership, reducing murmuring about the PHC and fostering better collaboration with the staff."

The physical improvements to healthcare infrastructure were a significant part of the success. Numerous facilities benefitted from renovation, construction, and community contributions, all of which are central to the initiative's success.

Nwachukwu Clement (KII-Limawa A- Niger State) highlighted several impactful improvements: "The reconstruction of the MCH facility by Senator Mohammed Sani Musa and the fencing of PHC Maikunkele by community members" are examples of collaborative efforts. Similarly, the "repainting and equipping of City Gate PHC Tundun Fulani" and the expansion of Kpakungu PHC are pivotal successes driven by local stakeholders. These improvements, alongside staff posting and infrastructure upgrades, improved healthcare access and reduced treatment costs.

Esther Bassey George (KII - Lapan - Gombe) echoed similar sentiments about community-led contributions: "In Bangunji PHC, six single rooms were built by the

community for health workers, alongside fencing of the facility." This collaboration between the community and external stakeholders improved physical spaces and reinforced the sense of shared ownership.

Moreover, in Jibrin Dahiru's area, constructing a borehole and reservoir in Ngelzarma PHC and providing land for Mamudo PHC were community-driven initiatives that improved the local water supply, further enhancing healthcare delivery.

The outcome of these infrastructural and engagement efforts has been a noticeable increase in the utilisation of healthcare services. As Nwachukwu Clement (KII-Limawa A- Niger State) observed, "Patients' patronage at the PHC increased rapidly," reflecting the positive impact of these improvements on healthcare accessibility. The sense of ownership, accountability, and improvement in infrastructure led to a greater willingness to use the services provided.

In Mathew Oladele's (KII - Bosso - Niger) experience, the Bosso LGA saw the reconstruction of several health facilities and installing solar-powered boreholes in Wushishi LGA, which helped stabilise access to water, a critical element of healthcare service. The result was a more consistent community engagement and improved healthcare delivery: "Our communities' PHCs are now better in healthcare service delivery," he stated, highlighting the transformation in service accessibility and quality.

SCEAP also placed significant emphasis on empowering local health leadership. According to Baliqis Bala (KII - Tsakuwa- Kano), the initiative led to "functional Ward Development Committees (WDCs)" and "other citizens groups," which were crucial in improving accountability and resolving healthcare issues. "Quick resolution of service complaints" and "strengthened community engagement and accountability" were key outcomes of these empowered local structures.

Further, Esther Bassey George (KII - Lapan - Gombe) noted a marked improvement in the relationship between health workers and the communities they served: "There was good rapport between health workers and community members, leading to increased trust and participation in health services." This collaborative environment enabled better service delivery and improved health outcomes, particularly in areas like maternal health.

A critical long-term outcome of SCEAP is the community members' sustained commitment to healthcare improvements, even after the project's direct interventions. Jibrin Dahiru (KII - Ngelzarma - Yobe) reflected on this change, saying that, through "concerted effort and sustained community engagement," communities had made significant strides in enhancing service delivery and fostering a culture of collaboration, transparency, and inclusivity.

Communities have begun taking responsibility for their health outcomes, ensuring the improvements are not transient. For example, Abubakar Muhammad Yarima (KII - Gombe Abba - Gombe) pointed out that the "renovation of Gombe Abba PHC" and the construction of staff quarters had directly resulted in increased community patronage of healthcare services. This reflects the growing sense of responsibility and confidence within the community.

Despite these successes, the project faced notable challenges, many of which stemmed from external factors beyond the control of the community or the project team. Benjamin Yunana Maigari (KII - Basawa - Kaduna)pointed out that the "strict budgeting without flexibility" and the "lack of local language implementation" hindered the PHC Tracka's effectiveness, particularly in areas where community members had limited access to smartphones or English literacy.

Nwachukwu Clement (KII-Limawa A- Niger State) also noted logistical challenges that affected the sustainability of the project's achievements: "Meetings were difficult to summon due to lack of funds, and transportation costs increased, making monitoring activities harder." The limited number of trained Champions and WDC members compounded the challenges, reducing the project's reach and impact in some areas.

3.3 Community Engagement and Advocacy

3.3.1 How has the SCEAP project influenced community engagement in healthcare issues?

The SCEAP project has instilled a sense of responsibility among community members, encouraging them to participate actively in healthcare planning, implementation, and monitoring. Jibrin Dahiru (KII - Ngelzarma - Yobe) noted, "The project has empowered communities to take ownership and fostered trust between community members and

health workers." This empowerment has bridged gaps between the people and their healthcare providers, laying a foundation for sustainable improvements.

Similarly, Ayodele Samuel Lemah highlighted the role of town hall meetings, emphasising that they have encouraged communities to contribute to the progress of their PHCs. He stated, "Through ownership and meetings, communities have become more involved in developing their healthcare facilities." Capacity-building initiatives have played a pivotal role in equipping communities with the knowledge and skills to engage effectively in healthcare issues. Baliqis Bala (KII - Tsakuwa- Kano) explained, "The project has conducted capacity-building exercises for residents and community champions on health advocacy," which has led to more informed participation in decision-making. She added that this education has empowered communities to interact effectively with healthcare providers and policymakers.

Esther Bassey George (KII - Lapan - Gombe) echoed this sentiment, highlighting efforts to "create more awareness on the effective use of community facilities" and guide members on "how to send feedback using the PHC Tracka portal." These educational initiatives have transformed passive beneficiaries into active stakeholders.

One of the standout achievements of the SCEAP project is the introduction of tools and mechanisms for accountability. The PHC Accountability Tracka (PAT) portal has provided a digital platform for real-time feedback, ensuring transparency in healthcare delivery. As Bala described, "Community members have been able to report activities and experiences at PHCs, promoting transparency and holding healthcare providers accountable." The project has also focused on strengthening relationships between communities and healthcare workers. Town hall meetings and community health outreach programs have become essential platforms for dialogue and collaboration. Benjamin Yunana Maigari (KII - Basawa - Kaduna) shared, "The town hall meetings brought community members together to freely discuss issues affecting them and propose solutions to their problems."

This open communication has led to increased trust and mutual respect. Bala further highlighted, "Periodic community town hall meetings have fostered better relationships between residents, community leaders, and PHC workers, creating platforms for open dialogue and collaborative problem-solving." Community advocacy has emerged as one of the most significant outcomes of the project.

Clement Nwachukwu (KII-Limawa A- Niger State) emphasised this transformation: "The communities are now very committed to the growth and development of their PHCs. They advocate and source resources to improve services at the PHC." From resource mobilisation to infrastructure improvements, the commitment of communities has been instrumental in the project's success.

In addition to its practical interventions, the project has recognised and celebrated community efforts. George observed that "The Award Events organised by BudgIT were quite encouraging," motivating communities to continue their active engagement in healthcare development.

The SCEAP project's approach to community engagement has become a model for fostering sustainable healthcare improvements. By promoting ownership, enhancing capacity, ensuring accountability, and strengthening relationships, the project has improved healthcare outcomes and built a resilient framework for ongoing collaboration between communities and healthcare providers.

As Clement Nwachukwu (KII-Limawa A- Niger State) succinctly said, "This is the greatest achievement so far—communities are now more committed than ever to developing their PHCs." This commitment signals a transformative shift in addressing healthcare challenges, with communities at the heart of the solution.

3.3.2 What strategies have effectively mobilised community members for healthcare advocacy?

Organising town hall meetings emerged as a pivotal strategy for engaging community members and fostering advocacy. Benjamin Yunana Maigari (KII - Basawa - Kaduna) noted, "Town hall meetings and peer-to-peer advocacy have been essential in ensuring accountability and community engagement." These gatherings created open communication platforms, enabling residents to voice their concerns, propose solutions, and collaborate with healthcare providers.

Baliqis Bala highlighted the significance of these meetings: "Facilitating open dialogue through town hall meetings and focus group discussions built trust and collaboration between communities and healthcare providers." By fostering mutual understanding, these interactions encouraged collective action for healthcare improvement.

The SCEAP project's formation of community champions was a game-changer in driving advocacy efforts. Clement Nwachukwu (KII-Limawa A- Niger State) explained, "The formation of community champions and reactivation of WDC members have been instrumental in mobilising stakeholders." These champions liaised between the community and healthcare providers, advocating for resources and better services.

Similarly, Baliqis Bala (KII - Tsakuwa- Kano) emphasised the role of empowerment through training, stating, "Training community champions on health advocacy has enabled them to participate in healthcare decision-making processes actively."

Training programs were another effective strategy for mobilisation. Esther Bassey George (KII - Lapan - Gombe) emphasised the role of capacity building, noting, "Training on advocacy and sustainability equipped community members with the skills needed for effective engagement." These programs educated residents about healthcare systems and instilled a sense of responsibility for improving them.

Jibrin Dahiru (KII - Ngelzarma - Yobe) added that "community education and awareness campaigns" fostered sustained engagement. By demystifying healthcare policies and systems, these campaigns empowered individuals to advocate for change confidently.

Integrating technology, particularly the PHC Accountability Tracka (PAT) portal, significantly enhanced community mobilisation. Baliqis Bala (KII - Tsakuwa- Kano) remarked, "Utilising PAT as a platform to highlight healthcare issues has increased community awareness and garnered support for necessary changes." This digital tool allowed residents to monitor PHC activities, report issues, and share feedback, ensuring their voices were heard.

The establishment of feedback mechanisms further strengthened advocacy efforts. Bala noted, "Channels for community members to voice concerns and suggestions have ensured healthcare services are responsive to the population's needs."

Fostering a sense of ownership among community members was another key strategy. Mathew Oladele (KII - Bosso - Niger) described this as the "ownership model," which encouraged residents to advocate for and sustain healthcare improvements. The project ensured long-term engagement and support by giving communities a sense of responsibility for their PHCs.

Nwachukwu supported this approach, stating, "Regular PHC meetings with community stakeholders have given them a lead in their community affairs."

Targeted advocacy efforts ensured inclusivity, engaging women, youth, and persons with disabilities. Bala highlighted, "Empowering women groups, youth, and persons with disabilities through sensitisation and capacity building enhanced their participation in healthcare advocacy." This inclusivity ensured diverse perspectives and broader community support for healthcare initiatives.

Communities were also encouraged to mobilise resources for healthcare advocacy. Abubakar Muhammad Yarima (KII - Gombe Abba - Gombe) shared, "Community meetings and forums enabled members to organise resources, including funding, expertise, and materials, to advocate for healthcare improvements." This collective effort demonstrated the power of local contributions in driving meaningful change.

3.3.3 In what ways has the project empowered local leaders or organisations?

A key strategy of the SCEAP project has been the emphasis on capacity building, which has enabled local leaders to take ownership of their healthcare facilities and initiatives. Benjamin Yunana Maigari (KII - Basawa - Kaduna) stated, "The project built their capacity to own the PHC." This ownership model has fostered a sense of responsibility and leadership among community figures.

Similarly, Jibrin Dahiru (KII - Ngelzarma - Yobe) highlighted the pivotal role of training, explaining, "The project built the capacity of local leaders and strengthened community health committees and networks." This dual education and structural empowerment approach has ensured leaders are well-prepared to address healthcare challenges effectively.

Esther Bassey George (KII - Lapan - Gombe) noted that capacity building has clarified roles for Ward Development Committee (WDC) members: "WDC members now know the roles they should play toward community development. They engage in monthly meetings to discuss issues." This newfound clarity and organisation have strengthened the community's ability to advocate for and sustain healthcare improvements. Mentorship has also played a vital role in empowering leaders. Mathew Oladele (KII - Bosso - Niger) said, "The project provided mentorship, use of technology, and linkage and networking opportunities." By connecting leaders with resources and expertise, the project has created a support system that enhances their capacity to lead and innovate.

Recognising and rewarding leaders for their efforts has proven an effective motivational tool. Nwachukwu Clement (KII-Limawa A- Niger State) remarked, "Encouragement through performance-based awards has motivated leaders to engage in healthcare improvements actively." This strategy rewards achievements and inspires leaders to aim higher, fostering a culture of excellence.

The SCEAP project has encouraged local leaders to step into advocacy roles. Ayorinde Samuel Lemah (KII - Kaduna South - All communities - Kaduna) noted, "Through advocacies, leaders have become vocal champions for healthcare in their

communities." This advocacy work has amplified community voices and attracted external support and resources.

The project's emphasis on inclusive participation has also been transformative. Baliqis Bala (KII - Tsakuwa- Kano) explained, "Encouragement of inclusive participation and facilitation of community-led advocacy have empowered leaders to take charge of healthcare initiatives." The project ensures that leadership reflects the community's needs by involving diverse voices.

Empowering leaders to engage their communities and external stakeholders has been another cornerstone of the project. Abubakar Muhammad Yarima (KII - Gombe Abba - Gombe) noted, "Community leaders have conducted outreach to sensitise members on preventive measures for diseases and have helped organisations gain donor support." This dual focus on local action and external collaboration has bolstered healthcare systems and resources.

By reinforcing existing structures such as the WDCs, the SCEAP project has institutionalised community leadership in healthcare. Jibrin Dahiru (KII - Ngelzarma - Yobe) observed, "Strengthening community health committees and networks has enabled leaders to improve healthcare services actively." This structural approach ensures that leadership remains effective and sustainable.

3.3.4 Can you provide examples of leadership development?

One of the cornerstones of the SCEAP project is its emphasis on capacity building. The project has helped local leaders develop critical skills in leadership, advocacy, and community mobilisation by providing targeted training. "The project has built the capacity of local leaders to own their PHCs," said Benjamin Yunana Maigari (KII - Basawa - Kaduna), highlighting the shift toward self-reliance and sustainability. Similarly, Jibrin Dahiru (KII - Ngelzarma - Yobe) emphasised that the project has "fostered leadership by enabling community leaders to actively participate in improving healthcare services."

This empowerment has translated into tangible actions. Leaders have not only embraced their roles but have also actively sought solutions to challenges. For example, the Ward Development Committees (WDCs) in Basawa and Lazuru demonstrated this ownership mindset by successfully advocating for improved facilities. Maigari explained, "The WDC in Basawa met with the Executive Secretary of

SPHCB to advocate for their PHC, while the WDC in Lazuru built a generator room and laboratory for their facility." These efforts underscore the effectiveness of empowering communities to lead change.

The SCEAP project has invested significantly in leadership development by providing practical opportunities for community leaders to apply their skills. Abubakar Muhammad Yarima (KII - Gombe Abba - Gombe) states, "Leaders were given practical assignments, such as developing advocacy plans or leading community meetings, to apply their new skills and knowledge." This hands-on approach has been instrumental in translating training into actionable results.

Leadership development has fostered essential skills like conflict resolution, communication, and change management. Dahiru (KII - Ngelzarma - Yobe) noted that these skills have been pivotal in helping leaders navigate the complexities of healthcare advocacy. Additionally, the project has emphasised the importance of collaboration and participatory engagement. "Regular review meetings and assessments have motivated leaders to engage actively with community stakeholders," observed Nwachukwu Clement (KII-Limawa A- Niger State).

The project has created a conducive environment for local leaders to spearhead community-led advocacy and monitoring. Baliqis Bala (KII - Tsakuwa- Kano) highlighted that "the project has empowered leaders to lead advocacy and monitoring efforts, enhancing service delivery and infrastructure deployment." This participatory approach has ensured that healthcare initiatives are aligned with community needs.

Technology has also played a key role in enabling advocacy. Leaders were trained to use the PHC Accountability Tracka (PAT) portal, which allows them to monitor and report healthcare issues in real-time. Esther Bassey George (KII - Lapan - Gombe) explained, "Community leaders learned how to use the PAT portal, enabling them to report healthcare issues and advocate for solutions." This innovation has increased transparency and strengthened the relationship between healthcare providers and the community.

Collaboration has been a recurring theme in the project's approach to leadership empowerment. Nwachukwu noted the importance of "collaborative engagements and dialogue for resource mobilisation," which have united stakeholders around

shared goals. The project has encouraged inclusive participation by engaging women, youth, and persons with disabilities in advocacy efforts. Bala remarked that "inclusive participation has fostered a sense of ownership and collective responsibility among community members."

The performance-based awards introduced by SCEAP have further motivated leaders to excel in their roles. These awards have served as a form of encouragement, recognising and celebrating the efforts of community leaders and organisations. "The awards have been instrumental in driving commitment and active engagement," said Nwachukwu.

The impact of the SCEAP project is evident in the strengthened leadership and community engagement it has fostered. Local leaders are more proactive in advocating for healthcare improvements, mobilising resources, and fostering partnerships. As Yarima pointed out, "Leaders have been empowered to conduct outreach activities, sensitise community members about preventive healthcare, and secure donor support."

The success of the SCEAP project underscores the importance of empowering communities to address their healthcare challenges. By building capacity, fostering leadership, and promoting collaboration, the project has created a model for sustainable healthcare improvements that can inspire replication in other regions.

3.4 Future Directions

3.4.1 What recommendations do you have for improving primary healthcare delivery in your community based on your experience with SCEAP?

A recurring theme in the recommendations is the need to deepen community involvement. Baliqis Bala (KII - Tsakuwa- Kano) emphasised that "empowering community members, including religious and traditional leaders, to participate in healthcare decision-making processes actively can foster a sense of ownership and accountability." Regular capacity-building workshops and establishing open dialogue platforms between healthcare providers and communities were highlighted as critical steps. Similarly, Esther Bassey George (KII - Lapan - Gombe) stressed the importance of "increasing community engagement and ensuring the sustainability of interventions."

Several respondents pointed to the success of the PHC Accountability Tracka (PAT) portal and the potential for its expanded use. "The adoption of the SCEAP PHC Tracka dashboard and training more people to engage with it can significantly enhance monitoring and feedback mechanisms," recommended Nwachukwu Clement (KII- Limawa A- Niger State). By enabling communities to report healthcare service delivery issues in real-time, this tool can ensure that providers remain accountable and that resources are used effectively.

Ayorinde Samuel Lemah (KII - Kaduna South - All communities - Kaduna) suggested incorporating "routine checks on services provided at facilities and client exit interviews" to maintain quality and transparency. These mechanisms would provide actionable insights to address gaps in service delivery.

Respondents also called for the use of innovative technologies to bridge gaps in healthcare delivery. Esther Bassey George (KII - Lapan - Gombe) proposed the development of apps for health tips, reminders for antenatal care visits, and vaccination schedules. Benjamin Yunana Maigari (KII - Basawa - Kaduna) highlighted using local languages in these tools to "ensure broader inclusivity and involvement of community members."

The importance of partnerships with community-based organisations (CBOs) and other stakeholders was a significant recommendation. Abubakar Muhammad Yarima (KII - Gombe Abba - Gombe) advocated establishing community health committees and fostering "partnerships with CBOs to support activities and sustain advocacy efforts." These collaborations would amplify community voices in policy discussions and drive sustained improvements.

Financial sustainability emerged as a critical need. Esther Bassey George (KII - Lapan - Gombe) recommended promoting "community-based health insurance schemes like GO-HEALTH" to reduce individuals' financial burden and ensure consistent healthcare service funding. Building on existing structures and providing the depoliticised involvement of Ward Development Committees (WDCs) were also highlighted as vital strategies.

Scaling the SCEAP model to additional communities and local government areas was widely recommended to maximise impact. Baliqis Bala (KII - Tsakuwa- Kano) noted, "Expanding the SCEAP project across the Senatorial Districts of Kano state can

significantly enhance primary healthcare delivery." This expansion would replicate the successes of the current intervention and reach more underserved communities

3.4.2 How can future initiatives better support community-driven actions in healthcare?

A common thread across responses is the need to prioritise community capacity building. Esther Bassey George (KII - Lapan - Gombe) states that future initiatives should "strengthen community-based health workers through training, engage communities in planning, and empower them with a sense of ownership." This approach ensures that communities are beneficiaries of healthcare interventions and active participants in their health improvements.

Benjamin Yunana Maigari (KII - Basawa - Kaduna) echoed this sentiment, urging that initiatives "work with, as opposed to working for the community," allowing communities to discuss their challenges and propose solutions. This participatory approach ensures that interventions are relevant and supported by the people they aim to help.

Several respondents emphasised the importance of collaboration between various stakeholders. Jibrin Dahiru (KII - Ngelzarma - Yobe) stressed the need for "enhanced collaboration across sectors" to ensure that local communities are supported holistically. Abubakar Muhammad Yarima (KII - Gombe Abba - Gombe) also highlighted the potential of partnering with NGOs and private organisations to "pool resources and expertise," which could lead to more sustainable and impactful healthcare initiatives.

Baliqis Bala (KII - Tsakuwa- Kano) recommended "continuous empowerment of community leadership" through training and collaboration. By strengthening local leadership and creating platforms for collaboration, initiatives can more effectively support community-driven healthcare actions.

Using data to inform decision-making was another key recommendation. Nwachukwu Clement (KII-Limawa A- Niger State) pointed out that future initiatives should focus on "mobilising both organisations, PHC staff, and community players," using data to guide actions and measure success. This data-driven approach ensures that interventions are based on actual needs and can be adjusted to meet changing circumstances.

To further support community-driven healthcare, initiatives should also consider providing essential tools and resources. As Ayorinde Samuel Lemah (KII - Kaduna South - All communities - Kaduna) suggested, "providing basic equipment" is necessary to empower communities to deliver healthcare services effectively. Adequate infrastructure and equipment are crucial for sustaining healthcare initiatives at the local level.

Esther Bassey George (KII - Lapan - Gombe) advocated adopting "community participatory budgeting for local needs," enabling communities to have a say in allocating resources for their healthcare services. This participatory approach enhances ownership and ensures that resources are directed toward the most pressing healthcare needs.

Leveraging technology was another area identified for future improvement. Baliqis Bala (KII - Tsakuwa- Kano) recommended strengthening the "utilisation of technology to improve healthcare delivery," including tools like the PHC Accountability Tracka (PAT) portal to gather real-time feedback and ensure transparency. Similarly, technology can facilitate communication, streamline healthcare processes, and connect remote communities with healthcare providers.

Finally, Benjamin Yunana Maigari (KII - Basawa - Kaduna) emphasised the importance of conducting a "needs assessment of the community" before initiating projects. This ensures that interventions are not based on assumptions or generalised data from higher government levels but tailored to the community's unique needs.

3.4.3 What additional resources or support are necessary to improve your community's primary healthcare?

Future initiatives must embrace an inclusive, participatory approach. Benjamin Yunana Maigari (KII - Basawa - Kaduna) advocated for working "with as opposed to working for the community" and emphasised the need for communities to "discuss their challenges and prefer solutions themselves." This underscores the importance of local ownership in driving sustainable healthcare interventions. A proper needs assessment before project initiation was also stressed to avoid reliance on state-level data that may not reflect grassroots realities.

Esther Bassey George (KII - Lapan - Gombe) echoed this by suggesting "community participatory budgeting for local needs," which ensures resources are allocated based on local priorities and enhances accountability.

Investing in local capacity was a recurring recommendation. Nwachukwu Clement (KII-Limawa A- Niger State) proposed that initiatives "focus on capacity building and community grassroots activities," while Esther Bassey George (KII - Lapan - Gombe) recommended "strengthening community-based health workers" through training and continuous education. This approach fosters self-reliance and builds long-term skills within the community.

Jibrin Dahiru (KII - Ngelzarma - Yobe) added that initiatives should "prioritise the empowerment of local communities" by fostering leadership and ensuring sustainable systems for continuous engagement.

Collaboration with NGOs, private organisations, and other stakeholders is essential. Abubakar Muhammad Yarima (KII - Gombe Abba - Gombe) suggested "partnering with NGOs and private organisations to pool resources and expertise," while Baliqis Bala (KII - Tsakuwa- Kano) highlighted the need for "collaborative partnerships and community-led health initiatives." These partnerships can bridge resource gaps, improve efficiency, and enhance service delivery.

Technology can play a transformative role in healthcare delivery. Baliqis Bala (KII - Tsakuwa- Kano) recommended "strengthening the utilisation of technology to improve healthcare delivery," including tools that enable real-time feedback and accountability. Similarly, Esther Bassey George emphasised the importance of "more enlightenment on how to use mobile apps for surveys, feedback, and accountability."

Ayorinde Samuel Lemah (KII - Kaduna South - All communities - Kaduna) highlighted the importance of providing essential equipment and noted that facilities require tools to function effectively. This was reinforced by other respondents, like Mathew Oladele (KII - Bosso - Niger), who called for "more healthcare facility equipment, such as scanning machines and lab equipment."

The recruitment and retention of skilled healthcare workers are paramount. Jibrin Dahiru (KII - Ngelzarma - Yobe) stressed the need for "manpower and infrastructure," while Mathew Oladele (KII - Bosso - Niger) recommended hiring "more skilled

healthcare workers to ensure services are available round the clock." Esther Bassey George (KII - Lapan - Gombe) also emphasised regular training for healthcare staff.

Robust infrastructure is critical for effective healthcare delivery. Abubakar Muhammad Yarima (KII - Gombe Abba - Gombe) identified "infrastructure and human resources" as priority areas, while Nwachukwu Clement (KII-Limawa A- Niger State) advocated for "better equipment of facilities and ambulances to support staff."

Adequate funding is a cornerstone of successful healthcare systems. Benjamin Yunana Maigari (KII - Basawa - Kaduna) highlighted the need for "improved healthcare financing" to sustain initiatives and expand access. Ayorinde Samuel Lemah (KII - Kaduna South - All communities - Kaduna) reinforced this by calling for "funding and assistance with health facility equipment."

Community involvement is vital for sustainable healthcare. Abubakar Muhammad Yarima (KII - Gombe Abba - Gombe) suggested enhancing "community engagement and participation" to foster a sense of ownership and accountability, ensuring that initiatives resonate with local needs.

3.4.4 Do you want to add anything else we haven't covered?

While most respondents felt the discussion covered the essential aspects of the SCEAP initiative, a few added valuable reflections to enrich the narrative and underscore the project's impact.

Nwachukwu Clement (KII-Limawa A- Niger State) highlighted the broader potential of SCEAP's approach, stating, "SCEAP has raised a lot of consciousness and achievements in the communities of the project. These achievements must be replicated in all communities to make the benefits even." This underscores the necessity of scaling up successful interventions to ensure equitable access to improved healthcare across different regions.

Esther Bassey George (KII - Lapan - Gombe) suggested introducing "more appraisal events to encourage community health workers." Recognising the dedication and efforts of healthcare workers fosters motivation and strengthens commitment to delivering quality services. Ayorinde Samuel Lemah (KII - Kaduna South - All communities - Kaduna) commended the initiative, noting, "It is a nice project." This

acknowledgement reflects the positive reception and impact of SCEAP within the communities it has engaged.

3.5 Challenges

While the SCEAP initiative has made commendable strides in improving primary healthcare delivery, various unexpected challenges and limitations have emerged, underscoring the need for adaptive strategies to sustain and expand its impact. Respondents shared specific examples of obstacles encountered, ranging from logistical issues to socio-political barriers.

3.5.1 Have there been any unexpected challenges or limitations encountered during project implementation? Can provide specific examples of challenges encountered

Several respondents cited funding and transportation as significant hurdles. Benjamin Yunana Maigari (KII - Basawa - Kaduna) noted the rigidity of budgeting amidst rising costs due to fuel subsidy removal, saying, "Strict budgeting without being flexible and updated as a result of fuel subsidy [removal] has been a major challenge." Additionally, the high cost of transportation hindered effective community engagement.

Nwachukwu Clement (KII-Limawa A- Niger State) added that "monitoring activities at the communities since October has been difficult due to the escalating cost of transport fare," resulting in reduced participation from Champions and WDC members. He also highlighted the lack of adequate financial support for logistical needs during meetings.

Abubakar Muhammad Yarima (KII - Gombe Abba - Gombe) and Baliqis Bala (KII - Tsakuwa- Kano) reiterated the adverse effects of high transportation costs, which have limited access to specific communities and delayed critical engagements. The integration of digital tools such as the PHC Tracka portal presented unforeseen challenges:

Benjamin Yunana Maigari (KII - Basawa - Kaduna) pointed out the lack of local language options and technological literacy among community members, explaining, "Most community members don't have Android phones, and those who do often don't

understand English to populate [the Tracka] themselves." This limitation reduced the effectiveness of the tool in fostering community-driven accountability.

Ayorinde Samuel Lemah (KII - Kaduna South - All communities - Kaduna) highlighted issues with network connectivity while using the PHC Tracka, further complicating efforts to gather and share real-time data. The availability and motivation of key stakeholders emerged as another critical issue:

Nwachukwu Clement (KII-Limawa A- Niger State) observed, "Champions are inadequate in numbers as some have relocated in search of better living." Additionally, a lack of motivation among WDC members has hindered their ability to sustain project achievements. Jibrin Dahiru (KII - Ngelzarma - Yobe) noted challenges in engaging community members due to "power dynamics" and insufficient participation, which impeded collaborative efforts.

Community-driven initiatives often intersect with complex political dynamics. Esther Bassey George (KII - Lapan - Gombe) shared an example of local politics obstructing progress: "In Bambam PHC, over 2,000 blocks were donated for fencing and building additional rooms, but the effort was defeated due to political differences." Similarly, slow governmental responses have delayed upgrades and expansions in other facilities.

While impactful, the project's exclusive focus on advocacy and capacity building revealed gaps in addressing infrastructure and equipment needs. Mathew Oladele (KII - Bosso - Niger) mentioned that "SCEAP does not have the financial capacity to implement any physical project or intervention except advocacy and capacity building," limiting the initiative's ability to equip healthcare facilities with necessary tools and resources.

4.0 Recommendations

Revitalise Healthcare Infrastructure: Prioritise the renovation and upgrade of primary healthcare centres (PHCs) to ensure they have essential utilities, including water, power, and sanitation. Implementing sustainable solutions such as solar electricity and rainwater harvesting can provide dependable utilities, improve the comfort and hygiene of these facilities, and encourage residents to seek care.

Promote Community Engagement and Ownership: Encourage greater community ownership of healthcare services by involving local leaders and champions in health education and decision-making. Regular town hall meetings should encourage interaction between health professionals and community members, ensuring that healthcare efforts align with the community's needs and objectives.

Address Staffing Shortages in Healthcare Facilities: Develop targeted recruitment and retention strategies for healthcare professionals in underserved areas. This could include offering financial incentives for healthcare workers to serve in remote locations and establishing volunteer programs to support staffing needs. Additionally, ongoing training and support for existing staff can improve job satisfaction and reduce turnover rates.

Enhance Financial Accessibility to Healthcare Services: Investigate collaborations with non-governmental organisations (NGOs) to deliver critical medicines and financial support to healthcare facilities. Initiatives that lower patients' out-of-pocket payments, such as community fundraising or subsidised care programs, can relieve financial constraints and stimulate increased use of healthcare services.

5.0 Conclusion

The report highlights considerable problems in essential healthcare delivery, such as limited infrastructure, labour shortages, low community engagement, and financial barriers. Communities can develop a more effective healthcare system that suits their needs by implementing these guidelines, which include revitalising infrastructure, encouraging community ownership, addressing staffing concerns, and improving financial accessibility. These initiatives seek to improve current conditions and empower communities to have an active part in their health outcomes.

SOCIAL VOICES

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SCEAP Assessment Report